

DECLARATION AND POWER OF ATTORNEY

As a below-named inventor, I hereby declare that: My residence, post-office address, and citizenship are as stated below next to my name,

I believe that I am an original, first, and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled

HEMOLYTIC UREMIC SYNDROME

the specification of which was filed 7 January 2002 as application 10/041,958.

Thereby state that I have reviewed and understand the contents of the above-identified specification, mincluding the claims.

l acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1,56.

Refereby claim the benefit under 35 USC 120 of the United States Application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States Application(s) in the manner provided by the first paragraph of 35 USC 112, I acknowledge the duty to disclose material information as defined in 37 CFR 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Serial Number

Filing Date

Status

09/302125

29 April 1999

I hereby appoint as attorneys to prosecute this application and to transact all business connected therewith:

Herbert Dubno, Reg. 19,752; Andrew Wilford, Reg. 26,597; Jonathan Myers, Reg. 26,963 and each of them individually.

Address all correspondence to:

The Firm of Karl F. Ross, P.C. Customer Number 535 5676 Riverdale Avenue, Box 900 Bronx, NY 10471-0900 (718) 884-6600

Direct all telephone calls to:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 USC 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of first inventor:	Saul TZiPORI		
Inventor's signature	DIPNEL	Date: <u>3/6</u>	102
Residence: Shrewsbury, MA Post-office Address: 869 Main Stre	et, Shrewsbury, MA 01545		Citizen of USA
	Ramaswamy BALAKRISHNAN		,
Inventor's signature	muy	Date: 4 / 11	102_
Inventor's signature Residence: Framingham, US Char Post-office Address: 6 Laverdure C	dds Ford , PA ircle, Framingham, US 01701	i i	Citizen of USA
13 Footh	11 Path, Chadds Fo	rd, PA 19317-9	7146

Full name of third inventor:

Arthur DONOHUE-ROLFE

Inventor's signature

Oct. 3-6-02

Citizen of USA

Residence: Sudbury, MA Maynard, MA
Post-office Address: 347 North Road, Sudbury, MA 01701

16-5 Deer Path, Maynard, MA 01754